

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50	/					
TOTAL IND.	45					
TOTAL DEP.	15					
TOTAL CLAIMS	15					

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IND.	DEP.	IND.	DEP.
51	/		
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			